

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr. Yamil E.</i> NICKNAME LAST SUFFIX <i>chaheine</i>		OFFICE USE ONLY Date Received 09 JUL 13 PM 6:39 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1605 Wainwright Dr. El Paso TX 79903</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 626-9529</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Yamil E.</i> NICKNAME LAST SUFFIX <i>chaheine</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1605 Wainwright Dr. El Paso TX 79903</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 626-9529</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>05 / 01 / 09 07 / 13 / 09</i>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>05 / 09 / 09</i>		
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>CITY Representative Dist. 2</i>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME***Yamil E. Chahine***16 ACCOUNT # (Ethics Commission Filers)****17 NOTICE****FROM
POLITICAL
COMMITTEE(S)**

•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pagesCITY CLERK DEPT.
09 JUL 13 PM 6:39**18 CONTRIBUTION
TOTALS****1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 1,740.00

**EXPENDITURE
TOTALS****3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$

4. TOTAL POLITICAL EXPENDITURES

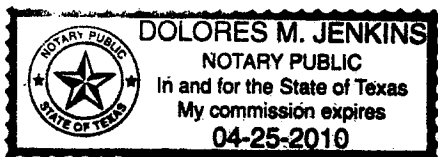
\$ 2,482.24

**CONTRIBUTION
BALANCE****5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD**

\$ 0

**OUTSTANDING
LOAN TOTALS****6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 856.34

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Yamil E. Chahine, this the 13th day of July, 20 09, to certify which, witness my hand and seal of office.

Dolores M. Jenkins

Signature of officer administering oath

Dolores M. Jenkins

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 (1 of 3)	
2 FILER NAME Yamil E. Chahine		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/12/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LYDIA R. DeHaro	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4309 Memphis Ave. El Paso, TX. 79903		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jamie Barron, Ph.D.	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2530 Richmond Ave. El Paso, TX. 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dorothy J. McGill	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4520 Cumberland Circle El Paso, TX. 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laura P. Cortez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12438 Paseo Blanco Dr. El Paso, TX. 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tina & James P. Soronson	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1672 Billy Casper El Paso, TX. 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.

09 JUL 13 PM 6:39

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME Yamil E. Chahine		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/12/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Priscilla M. & Hector Hernandez Jr. 6 Contributor address; City; State; Zip Code 12029 Tierra Fresa El Paso, TX 79938	7 Amount of contribution (\$) \$125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jorge & Maria Arroyo Contributor address; City; State; Zip Code 248 Camino Norte Ct. El Paso, TX 79932	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leo Lujan Contributor address; City; State; Zip Code 3719 McKinley Ave. El Paso, TX 79930	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: El Paso Apartment Association Contributor address; City; State; Zip Code 5730 E. Paisano El Paso, TX 79925	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wieske A., Robert W., David W. Long Contributor address; City; State; Zip Code 3403 Lankmoore Ave. El Paso, TX 79904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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09 JUL 13 PM 6:39

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME <i>Yamil E. Chahine</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/12/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Annita Williamson & Forrest Weatherley</i>	7 Amount of contribution (\$) <i>\$150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3216 Park North El Paso, TX. 79904</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)	
Employer (See Instructions)		Principal occupation / Job title (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)	
Employer (See Instructions)		Principal occupation / Job title (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)	
Employer (See Instructions)		Principal occupation / Job title (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)		Principal occupation / Job title (See Instructions)	
Employer (See Instructions)		Principal occupation / Job title (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.
09 JUL 13 PM 6:39

CITY CLERK DEPT.
09 JUN 13 PM 6:39

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Yamil E. Chahine</u>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <u>2,482.24</u>
5 Date of loan <u>5-6-09</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Self</u>	9 Loan Amount (\$) <u>\$1,314.31</u>
6 Is lender a financial Institution? Y <u>(N)</u>	8 Lender address; City; State; Zip Code <u>1605 Wainwright Dr. El Paso, TX 79903</u>	10 Interest rate
12 Principal occupation / Job title (See Instructions)		11 Maturity date
13 Employer (See Instructions)		
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <u>5-11-09</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Self</u>	Loan Amount (\$) <u>\$1,167.93</u>
Is lender a financial Institution? Y <u>(N)</u>	Lender address; City; State; Zip Code <u>1605 Wainwright Dr. El Paso, TX 79903</u>	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
09 JUL 13 PM 5:39

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Yamil E. Chahine

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/6/09

5 Payee name

H2H Mailing Services

7 Amount (\$)

\$1,314.31

6 Payee address; City; State; Zip Code

9020 Mayflower Ave. El Paso, TX 79925

8 Purpose of payment (See instructions regarding type of information required.)

Printing & mailing services

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

5/11/09

Payee name

Enterprise Leasing CO.

Amount (\$)

\$1,167.93

Payee address; City; State; Zip Code

5710 Montana Ave. El Paso, TX 79925

Purpose of payment (See instructions regarding type of information required.)

car rental

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

09 JUL 13 PM 6:39

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Yamil E. Chahine

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

[Signature]
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

[Signature]
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder